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INTRODUCTION

The goal of this project is to better understand the psychosocial and cultural factors affecting prostate cancer screening among African American and White men. The first phase of the project is a focus group study (Year 1). The second phase is to use the focus group results to develop a questionnaire instrument (Year 2), and the third phase is to collect survey data on a representative sample of African American and White men in Davidson County, Tennessee (Years 2-3). The fourth phase is to analyze the survey data, and the final phase is to use the focus group and survey results to develop recommendations for interventions to increase informed decision-making about prostate cancer screening among African American and White men (Year 3).

BODY

The purpose of this study is to identify psychosocial and cultural barriers to prostate cancer screening among African American and white men. By identifying these barriers, interventions can be designed to increase prostate cancer screening among African American men and reduce racial disparities in prostate cancer outcomes. This study was designed to use a **community based participatory research (CBPR) approach**, with direct participation and input from community members during each phase of the study. According to the **Statement of Work (SOW)**, the task for year one was to prepare and conduct focus groups with White and African American men to discuss and to explore beliefs about and barriers to prostate cancer screening. The progress made on the specific actions related to this task are reported below.

Task 1. Prepare and conduct focus groups, Months 1-12

a. Form Community Steering Committee (CSC)

During the first three months, contacts were made in the community to invite interested men, community-based organizations, and local prostate cancer researchers to form a **Community Steering Committee (CSC)** for this study. Community members were invited to participate through churches, email lists, and collaborating organizations. My **mentor, Dr. Baqar Husaini**, provided guidance on effective strategies for encouraging community interest and participation in the study and facilitated many community contacts. In addition, the **Chair of the CSC (Dr. Calvin Atchison)** facilitated the attraction of many of the men to join the CSC, given his established rapport in the local African American community and general Nashville community.

Dr. Atchison, who is retired former TSU faculty and director of research, has been working actively on the study in a consultant capacity as part of the research team, as described below. Dr. Atchison also worked on Dr. Husaini's previous prostate cancer educational intervention study.

The CSC is comprised of Dr. Atchison (Chair), Dr. Hull (Principal Investigator), Michelle Reece (Research Associate), two local prostate cancer researchers (from Vanderbilt University and Meharry Medical College), prostate cancer survivors, church and community leaders, and other interested community members. The CSC includes both African American and white men and women, who are all volunteers.

b. Collaborate with CSC to gain input on topics for focus group

c. Focus group procedures and topics will be determined and outlines written

In addition, during the first few months materials were developed for the CSC to provide them with capacity-building resources at the CSC meeting. Community capacity-building and reciprocal learning between researchers and community members are major principles of CBPR. These materials included Principles of Partnership, a lay summary of the study's objectives, background information on prostate cancer; guidelines on the purpose; development and conducting of focus groups; the first draft of the Focus Group Discussion Guide; the first draft of the pre-questionnaire (demographic items); and the first draft of the focus group recruitment flyer. The research team also gathered several possible educational brochures about prostate cancer screening that would be considered for use during the focus group sessions.

In the first few months, **Dustin Brown** was the **Research Associate** working on this study. However, in the summer of 2006 he left TSU to pursue his doctoral studies in Texas. Then another Research Associate with extensive experience conducting community-based research in the local African American community, **Michelle Reece**, was assigned to work on this study. Both Dustin and Michelle assisted with the formation of the CSC, the development of the CSC capacity-building materials, sending out CSC invitations, and arrangements for the first CSC meeting. Dr. Husaini and Dr. Atchison provided valuable feedback during this process, as well.

The first CSC meeting was held in July 2006 at the Cohn Adult Learning Center (part of Metro Nashville Public Schools), which is a convenient location for the community members, on a weekday evening to accommodate their work schedules. A light meal was served since the meeting was held during dinner time, and as a token of appreciation for the CSC members volunteering their time. They were also given a TSU Center for Health Research coffee mug as a gift. Sixteen people were in attendance at the meeting, in addition to several people who agreed to serve on the CSC but were unable to attend the first meeting due to schedule conflicts.

This CSC was provided a notebook of the study-related materials mentioned above. Dr. Hull and Dr. Atchison provided an overview of the study's objectives, principles of CBPR, the study timeline, and general guidelines for developing focus groups. The CSC agreed upon its Principles of Partnership. Next the group reviewed the first draft of the focus group discussion guide, which was developed based on the Health Belief Model and existing research, and was presented to the CSC as a starting point for discussion to be modified together in the group. This led to a lively discussion about men's beliefs and attitudes about prostate cancer and screening. Through this discussion, the CSC made very valuable suggestions for changes and additions to the discussion guide in order to capture potentially important issues and be acceptable to the male participants.

The CSC reviewed the educational brochures and selected one that had colorful illustrations and simple language, for use in the focus group discussions. The CSC also made recommendations to modify the pre-questionnaire and the recruitment flier, and they assisted in the development of recruitment strategies and implementation plan for the focus groups, which are described below.

After the CSC, the recommended revisions were made to the study protocol, the discussion guide and the recruitment flier. Then these materials were submitted with the study protocol to the local TSU IRB and DOD's human subjects review board for approval. After minor modifications recommended by DOD, the final protocol approval was received at the beginning

of October 2006.

d. Focus group sites will be determined and secured

With input from the CSC, **seven different types of locations** were identified as target sites to hold the focus groups. These were churches, community centers, libraries, an adult learning center, a men's group, a local rescue mission (community-based agency), and TSU campus. The PI and the CSC chose these locations since they represent a variety of community places where men would feel comfortable going and to which they would have easy access. In addition, the local men's rescue mission was selected in order to reach disadvantaged and underserved men (those in a substance abuse recovery program).

Based on these categories of sites, specific locations were identified in different parts of Davidson County, to enable access to men living or working in **various parts of town**. Reservations and arrangements were made to schedule **12 focus group sessions** to be held at these locations during the months of October, November and December. Two sessions were cancelled because no eligible participants signed up for them. Thus, a total of **10 sessions were conducted**. The sites, part of the county, and attendance for each are listed in Table 1.

Table 1. Focus Group Enrollment by Site (Total N=74)

Focus Group Site	Part of County	N	%
Church	Southeast	14	18.9%
Community Center	Northwest	7	9.5%
Library	Southeast	1	2.8%
Adult Learning Center (2)	West	2	1.4%
Men's Group	East	10	13.5%
Men's Mission Center (2)	Downtown	29	39.2%
University (2)	Northwest	11	14.9%

e. Facilitators will be recruited and trained in research methods and particularly focus group procedures.

The original plan was for Dr. Atchison and Dustin Brown (Research Associate) to conduct the focus groups, since the male participants would feel more comfortable talking about prostate cancer with a male facilitator. Since Brown left TSU in the summer of 2006, a replacement facilitator was recruited, Dr. Cliff Cockerham. The PI held an orientation meeting with the facilitators to review the purpose of the study, procedures for conducting the focus groups, the discussion guide, and recommendations for facilitating productive focus group discussions.

The discussion guide consisted of a list of cues that included the six elements of the Health Belief Model (HBM), in addition to other topics suggested by the CSC that were used to stimulate discussion of other psychosocial and cultural factors that may influence prostate screening behaviors among the African American and White men. This guide served as an outline of main questions, with some cues that were used to probe participants to expand further on certain issues when necessary. The facilitators were instructed to use the discussion guide as a tool to stimulate discussion, and that it was meant to be flexible to flow with the natural course of discussion, so they did not need to follow the exact order of questions or necessarily cover all of the questions if time ran out.

f. Methods of contacting men will be outlined and facilitators trained in following guidelines

The original plan was to recruit men to participate in focus groups divided by race, with 4 African American groups and 4 White groups. However, the CSC recommended that it would be better to have some combined groups and some race-specific groups in order to see whether the race composition of the group affects the comments that men make. Interestingly, most of the men in the CSC thought that it would not make a difference, that men would discuss the same things in either group context. In addition, we felt that it would help the recruitment process to have some of the groups be combined. Therefore, we decided to schedule 3 groups for White men, 3 groups for African American men, and 3-4 combined groups open to both groups of men. This revised strategy was detailed in the study protocol approved by the local and DOD human subjects protection review boards.

Thus we planned for the sessions with African American men to be facilitated by Dr. Atchison, and for the sessions with white men to be facilitated by Dr. Cockerham, in order to match the race and gender of the facilitator and participants in these sessions. Dr. Atchison facilitated the combined-race groups.

Both facilitators completed NIH's online human subjects protection training course (on the National Cancer Institute website). During their orientation with the PI, they were also trained in the focus group protocol and human subjects protection protocol (including informed consent process and protection of confidentiality). The facilitators were instructed to ask the focus group participants to respect the other participants' privacy and confidentiality by not talking about their comments with other people outside of the focus group ("What is said in the room stays in the room").

g. A practice focus group session will be conducted by the facilitators, attended by research staff, and observed by the PI for evaluation of readiness to gather real focus group participants.

The PI met with the focus group facilitators for a joint orientation meeting. After systematically reviewing the study protocol and discussing each item on the focus group discussion guide, the PI determined that it was not necessary for the facilitators to conduct the practice group. Dr. Atchison and Dr. Cockerham are both familiar with research methods and procedures for conducting focus groups and have a lot of experience in facilitating group discussions. This was confirmed upon listening to the focus group recordings, which indicated that the facilitators conducted the focus groups in a correct and effective manner.

h. The recruitment of focus group participants will be with computerized randomization of households in varying income census tracts.

i. Randomly picked participants will then be contacted by phone to invite to be participants in focus group sessions and be informed of an incentive (\$25 grocery gift certificate).

The PI had originally planned to use a random household sample to select potential focus group participants, as listed in the SOW. However, during the grant application development, upon further review of expert recommendations for conducting focus groups, the design was changed to collect a convenience sample of men through a variety of recruitment strategies. This convenience sample design is what was described in the narrative section of the grant application that was submitted to and funded by DOD, but the original random sample design was erroneously left in the SOW section of the application. It should have stated that a convenience sample would be

collected, to match the narrative section of the funded grant application.

The recruitment plan for the convenience sample was finalized with the input from the CSC. The recruitment flier described the purpose of the focus groups, eligibility criteria, and incentives (\$25 grocery store gift card and refreshments, plus a drawing for a \$50 gift card at the end of the study), and indicated for interested men to call TSU for more information and to sign up for a group at a time and location that is most convenient.

In order to reach a socio-economically and geographically diverse male sample, a number of methods were used to recruit men from around the Nashville/Davidson County community. Recruitment fliers were distributed in public venues across town, particularly near the focus group sites, including health clinics, community centers, barbershops, grocery stores, bowling alleys, golf clubs, libraries, gas stations and other local businesses in the areas where the focus groups were being held. Additionally, recruitment announcements were made via newspaper advertisement, public radio public service announcements, a public radio talk show, church bulletin and ministerial group announcements, and email listservs. The church group, the men's group and the rescue mission assisted in making announcements for us to recruit men directly from their constituents for the sessions held at their sites. For the sites at the other sessions, interested men called the TSU Center for Health Research to find out available focus group session dates and locations and sign up for the one most convenient for them. Participants who registered were contacted by phone prior to the focus group meeting to remind them of the meeting time and place.

j. Informed consent will be carefully reviewed and then signed by participants

At the start of each focus group session, the group facilitator provided an overview of the study and carefully reviewed the informed consent with the participants. Participants were given the opportunity to ask questions and information was clarified. Then men were asked to sign the informed consent form if they were sure that they wanted to participate in the study, if not they were free to decide not to participate. All signed informed consent forms were collected before focus group discussion was started.

k. Eight 90-minute focus groups (4 with African American men and 4 with white men) of 8-to 10 participants each will be conducted, with transcripts and facilitators notes from each session.

Ten focus group sessions were implemented from 10/14/06 through 12/14/06. A total of 74 men enrolled in the study and participated in the focus groups (see Table 1). As described above, 3 sessions were scheduled for African American men only, 3 sessions for White men only, and 4 sessions with both African American and White men. After the informed consent forms were collected, the focus group session lasted approximately 1 ½ (90 minutes). The group discussions were recorded on a digital recorder, and facilitator/student assistant notes were kept from each session.

To start the session (after the informed consent forms were collected), the facilitator distributed a brief pre-questionnaire that included demographic questions on age, race, education and marital status, which was completed by each participant. The purpose of the pre-questionnaire was to be able to provide a demographic profile of the men who participated in the focus groups. These pre-questionnaires were anonymous (no names or ID numbers were assigned) and were not part of the discussion. The demographic characteristics of the focus group sample are summarized below in

Table 2.

Next the facilitator passed out the educational brochure and began the discussion. At the end of the time period, the facilitator thanked the participants for their time and input, and then distributed the Kroger gift cards. He also distributed a list of local community health clinics that provide prostate cancer screening at an affordable price for men without health insurance.

As indicated on the recruitment flyer, after all focus groups were completed, we randomly selected one participant for the drawing for the \$50 gift card. This participant was contacted and given the gift card.

Table 2. Demographic characteristics of men enrolled in focus group study

Variable	N	%
Total N	74	
Age Groups (Mean = 49.5)		
40-49yrs	40	54.1%
50-59yrs	28	37.8%
60-64yrs	2	2.7%
65yrs & older	4	5.4%
Race		
African American	56	75.7%
White	18	24.3%
Marital Status		
Single	19	25.7%
Married	23	31.1%
Separated	3	4.1%
Divorced	28	37.8%
Widowed	1	1.4%
Education		
Less than high school	12	16.2%
High School	37	50.0%
Associate's Degree	13	17.6%
Bachelor's Degree	5	6.8%
Master's Degree	4	5.4%
Doctoral Degree	2	2.7%
Professional Degree	1	1.4%

We are currently working on transcribing the focus group session recordings (to be continued in February 2007). No names or identifying information are included in the transcripts. In February and March we will be analyzing the transcript text using the qualitative analysis software, in order to begin developing the questionnaire items for the next phase of the study (the survey). The next CSC meeting will be held in March to review extracts from the transcripts and discuss the development of the questionnaire items.

Problems Encountered

The major problem encountered was the difficulty of recruiting White men to participate in the

study. Several efforts were made to promote the focus groups among white men, such as distributing fliers in stores, restaurants, and libraries in area of the city with predominantly White residents, as well as sending announcements to predominantly White churches and posting an ad in the classified section of the local newspaper. Despite these recruitment efforts, relatively few White men expressed interest in participating in the study. Three focus groups were scheduled exclusively for White men, and a couple of White men signed up ahead of time for these sessions, but only two of the White men actually showed up for the session (one showed up for two sessions, and no one came to the third session). The combined groups were open to both White men and African American men, but only 16 White men signed up for and attended these sessions.

At the same time, we had a very strong response from African American men who showed interest to sign up for and attend the sessions. After offering 12 sessions (2 of which were cancelled due to lack of participants) and completing 10 sessions (more than the originally proposed 8 sessions), we had enrolled 74 men. Our target was to enroll up to 80 men, but it was not feasible to conduct any more focus group sessions due to time and budget limitations. We were near the time of December holidays, when it is difficult to recruit people because they are too busy, and postponing additional sessions until January 2007 would have put us behind on our timeline. In addition, to hold additional sessions we would have had to incur more expenses over our budget (i.e., paying the facilitator and buying refreshments).

Furthermore, we felt that the data collected in the completed focus groups sufficiently covered the topic areas that we were interested in covering. Most focus group experts recommend to stop conducting additional sessions when no new information emerges from the discussions, which is referred to as “reaching saturation.” After the 10th session, the facilitator and the PI felt that all of the topics had been covered thoroughly and that no new information was being brought up by the participants in the last two sessions. Therefore, it was not necessary to conduct any more groups because we already had the information that we needed to advance to the next phase of the study.

Finally, our primary focus is on African American men, since this is the population that experiences disparities in prostate cancer and we understand less about barriers to screening in this population. Thus, the relatively fewer number of White men participants is not a concern for the study; if the composition had been reversed (few African American men), that would have been a concern.

KEY RESEARCH ACCOMPLISHMENTS

- Formed Community Steering Committee (CSC)
- Collaborated with CSC to gain input on content of focus group discussions and recruitment strategies
- Developed focus group discussion guide, pre-questionnaire and focus group procedures
- Developed recruitment flyer and recruitment plan
- Obtained approval of focus group study protocol from local IRB and DOD
- Identified and reserved sites across Davidson County for focus group sessions
- Recruited 2 facilitators
- Held orientation session with facilitators to review focus group procedures and discussion guide (including human subjects protection training)
- Purchased participant incentives (grocery gift cards).
- Implemented recruitment strategies and signed up potential participants
- Conducted ten 90 minute focus groups, enrolling 74 participants
- Tabulated demographic characteristics of participants
- Currently in process of transcribing focus group discussion recordings
- Submitted annual progress report

REPORTABLE OUTCOMES:

- February 2007: Will submit abstract to American Public Health Association to report focus group findings at the November 2007 meeting

CONCLUSION:

Summary

We are on target to successfully complete the first phase of the project, which corresponds to Task 1 on the SOW, by the end of Year 1 (since the focus group transcriptions will be complete in February). As a CBPR project, the CSC has facilitated participation of interested community members in the project, and the CSC has provided valuable input to the design and implementation of the focus group phase. We conducted 10 focus groups with a total sample of 74 African American and White men. The focus groups have provided rich qualitative data, which we are in the process of transcribing and will begin analyzing in February and March as we transition to the next phase of the project in Year 2, which corresponds to Task 2 on the SOW (analysis of qualitative focus group data and development of questionnaire instrument). Therefore, we do not yet have findings to report. Eventually, results from this focus group and survey study will be used to improve or design new community outreach programs that aim to increase informed decision-making and prostate cancer screening among men, in order to reduce mortality from prostate cancer and racial disparities in prostate cancer outcomes.

Significance

Prostate cancer is the most common type of cancer found among men in the U.S., besides skin cancer. Prostate cancer is the third leading cause of cancer death in men, after lung cancer and colorectal cancer, although many older men with prostate cancer have relatively good chances of surviving this cancer, especially when it is detected early. However, only about half of men age 50 and older are screened for prostate cancer each year.

While prostate cancer is a health concern for all men, African American men are more likely to get prostate cancer than white men, and they are more likely to die from prostate cancer and at younger ages. The United States average prostate cancer prevalence rates for 1992–2002 are over 1.6 times higher for African American men than for white men. Similarly, during the same period (1992–2002) there was a 2.4 times higher prostate cancer death rate for African American men as compared to white men (73.7 and 31.2 per 100,000, respectively). Yet, African-American men are also less likely to get screened for prostate cancer using a PSA blood test than white men.

We know that lack of health insurance and financial limitations can prevent some men from getting screened for prostate cancer. However, there also appear to be other barriers that are not as well understood. These could include various psychological, social and cultural factors. If we understood these factors better, we could design more effective programs to motivate more men to talk to their doctors about screening options and to get screened regularly. For example, if African American men lack belief that early detection of the disease will make a difference in outcome for prostate cancer, as some studies suggest, then a fatalistic attitude can develop and discourage screening behavior. Belief in one's ability to obtain screening and support from family and friends has been found to be a positive influence on screening and treatment behaviors for many health conditions. We know that in general, cultural sensitivities related to personal or historical experiences with the medical community play a role in African American men's attitude toward preventive health screenings. It is important to know specifically what barriers are most salient to African American men and the differences in perceived barriers compared with their White counterparts.

REFERENCES

NONE

PROSTATE CANCER SCREENING BARRIERS STUDY

We invite men to participate in a
FOCUS GROUP DISCUSSION
*about reasons why men choose
to have or not to have a
prostate cancer screening exam*

Who can participate:

White men and African American men
ages 40 – 70
living in Davidson County
who have never had prostate cancer

Refreshments will be provided

Participants will each receive a \$25 Kroger gift card
(which can be used for GAS or groceries at Kroger).
And be entered in a drawing for one \$50 Kroger gift card

*Several focus group sessions are available
to choose the time and place that are best for you*



CENTER FOR HEALTH RESEARCH

**To sign up or get more information,
please contact:**

Calvin Atchison
615-320-3005
pamhull@tnstate.edu

TSU Prostate Cancer Screening Barriers Study

FOCUS GROUP: BACKGROUND QUESTIONS

<p>AGE: _____ years</p> <p>RACE:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> African American</p> <p>EDUCATION:</p> <p><input type="checkbox"/> Less than high school degree</p> <p><input type="checkbox"/> High school degree / GED</p> <p><input type="checkbox"/> Associate's degree (AA/AS)</p> <p><input type="checkbox"/> Bachelor's degree (BS/BA)</p> <p><input type="checkbox"/> Master's degree (MS/MA/MBA)</p> <p><input type="checkbox"/> Doctoral degree (PhD/EdD)</p> <p><input type="checkbox"/> Professional degree (JD, MD, DDS)</p> <p><input type="checkbox"/> Don't know</p>	<p>MARITAL STATUS:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Single (Never Married)</p> <p><input type="checkbox"/> DK/NA</p> <p>If you are <u>not</u> married, are you living with a woman in a relationship?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable (Married)</p> <p>How did you hear about this study?</p> <p>_____</p>
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DO NOT WRITE YOUR NAME ON THIS PAGE.

Introduction**[20 minutes]****Handouts (After Informed Consent is completed and collected)**

First I will pass out a piece of paper with a few questions on it. Do not write your name on the paper. You can check off your answers, then fold the paper, and we will collect it. We will not discuss these questions. They are just to give us an idea of what different kinds of people are represented in the group.

[Hand out anonymous background pre-questionnaire.]

When you finish that, you can start looking over the brochure that I am handing out. We will discuss it in a few minutes.

[Hand out brochure and collect pre-questionnaires. Wait a few minutes for them to look at brochure.]

Ground Rules

Everyone will have the chance to participate and express their views during the focus group session. Everyone may have different opinions, and we want to hear all of them. In order for the focus group to run smoothly, we ask that we all follow some ground rules *[Show on flip chart]*:

- ♦ To be polite and respect each others' opinions
- ♦ Not to be disrespectful toward or laugh at other people
- ♦ To speak openly and honestly (Your comments are confidential, and your name will not be used in any reports.)
- ♦ To keep other people's comments confidential, by not to sharing them with people outside of this group. In other words, what we say here stays here
- ♦ To try to speak loudly and one at a time, since the session will be recorded
- ♦ That the moderator may have to interrupt our comments at times, so that all the topics can be covered and we can finish on time.

Background

First, I will briefly review some background information on prostate cancer.

[Moderator will briefly review a display board with an image of the location of the prostate, and where cancer can occur in the prostate.]

There are two ways that a doctor can check if a man might have prostate cancer: (1) a PSA blood test (PSA=Prostate-Specific Antigen), or (2) a digital rectal exam (DRE).

[Show this information on flip chart. Moderator will briefly describe what a PSA test and DRE consist of, and what current screening recommendations are—including “informed decision-making” with one’s physician.]

So when we talk about “prostate cancer screening,” we will be talking about getting a PSA blood test or a DRE to check for prostate cancer.

Instructions

Now I will start asking you some questions to get our discussion going. For most of the questions, you can either talk about how you feel personally, how you think most men typically feel, or how you think some men feel that may be different. It will help if you let us know which one you are talking about when you share your ideas.

[Show this information on flip chart.]

MODERATOR: Main questions are in BOLD. Possible follow-up cues are in bullets (not bold).

Reactions to educational brochure

[20 minutes]

- 1. What were your first reactions to this brochure? What do you think about it?**
 - ♦ What things in the brochure do you like or dislike?

- 2. What things in the brochure would make men want to talk to their doctor about whether or not to get prostate cancer screening?**
 - ♦ What things in the brochure would make men want to get prostate cancer screening (PSA or DRE)?
 - ♦ What things in the brochure would make men not want to get prostate cancer screening?

- 3. How much do you think that men know about and understand these two types of prostate cancer screening?**
 - ♦ Could there be some misunderstandings about what these screening tests are or how they are done? Can you give some examples?

Talking to the doctor about prostate cancer screening

[20 minutes]

- 1. How willing are men to go to the doctor for regular check-ups or when they are having health problems?**
 - ♦ What are some reasons why men might choose to go to the doctor?
[Write reason list on flip chart.]
 - ♦ What are some reasons why men might choose not to go to the doctor?
[Write reason list on flip chart.]

- 2. When they do go to the doctor, how willing are men to talk about prostate cancer with the doctor?**
 - ♦ How does the topic come up (e.g., patient asks doctor, doctor brings up topic)?

- 3. What can a doctor do to make a man feel comfortable enough or feel enough trust to talk about prostate cancer screening options?**
 - ♦ What difference does it make if the doctor is a man or a woman?

Deciding whether to have prostate cancer screening**[30 minutes]**

- 1. Let's think about some reasons why men might want to get screened for prostate cancer. Let's go around the circle and take turns, and each person can briefly give a reason.**

[Write reason list on flip chart. Keep taking turns until all of people's ideas are listed.]

- 2. Now let's think about some reasons why men might not want to get screened for prostate cancer. Again, let's go around the circle and take turns saying reasons briefly.**

[Write reason list on flip chart. Keep taking turns until all of people's ideas are listed.]

- ♦ Some of you have mentioned that resources can affect men's decisions to be screened for prostate cancer. Let's assume that a man has health insurance, enough money to pay for the doctor, and transportation to get to the doctor. What other things will affect whether or he decides to get screened?
- ♦ What difference does it make for the doctor to suggest that the man should get screened for prostate cancer?

- 3. How do men feel about each type of screening (PSA and DRE)?**

- ♦ Do some men prefer one over the other? Why do you think that is so?

- 4. What do men think about their chances of developing prostate cancer?**

- ♦ What if they have a family member who had prostate cancer?
- ♦ What if they know someone who has died of prostate cancer?
- ♦ How does this affect a man's decision whether to get screened for prostate cancer or to talk to his doctor about it?
- ♦ What do men think about how lifestyle factors affect chances of getting prostate cancer? (e.g., nutrition, exercise, smoking, alcohol use, etc.)

- 5. What do men think are the benefits of getting screened and treated for prostate cancer? What do men think are the risks of getting screened and treated for prostate cancer?**

- ♦ What will likely happen to a man if he develops prostate cancer but does not know it, and does not get treatment for the cancer?

6. I am going to mention a few other possible issues. For each one, let's talk about how it affects men's decision to get screened for prostate cancer or not.

- ♦ Experiencing problems with one's prostate (e.g., enlarged prostate, difficulty urinating, discomfort or pain, etc.)
- ♦ Knowing other men who have been screened for prostate cancer (and whether their experiences were positive or negative)
- ♦ Knowing someone who went through prostate cancer treatment and survived
- ♦ Opinions of loved ones (e.g., wife, daughter, other relatives)
- ♦ Opinions of friends
- ♦ Religious beliefs (e.g., "If I get cancer, it is God's will. There is nothing I can do.")
- ♦ Health-related information or fairs at church or other organizations in the community
- ♦ Information from TV, radio, newspapers, magazines, or the Internet
- ♦ Information from brochures in doctor's offices
- ♦ Masculinity (or "manhood")
- ♦ Sexuality
- ♦ Risks of complications of prostate cancer treatment (e.g., impotence, urinary problems, pain, etc.)

Revisit the educational brochure

[10 minutes]

- 1. Based on our discussion, what could be added or changed to this brochure to make men want to talk to their doctor about prostate cancer screening or to get screened?**
- 2. Would anyone like to add any other ideas that we have not discussed?**

Conclusion

[5 minutes]

That is the end of our discussion. We sincerely thank you for coming to share your ideas with us today.

To thank you for your time, we will give out the gift cards now. Please sign the photocopy as a receipt. This will be kept confidential with the informed consent form.

If you signed up for the mailing list on your form, we will contact you to invite you to come to the community meetings where we will present the results from this study and talk about how the results will be used. **THANK YOU!!**